2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P98000024292 1. Entity Name TOWER REAL ESTATE INC.								05-01-2006 9	90454 00)3 ***150	0.00	
Principal Place of Business 9690 W. SAMPLE ROAD STE. 102 CORAL SPRINGS, FL 33065			Mailing Address 9690 W. SAMPLE ROAD STE. 102 CORAL SPRINGS, FL 33065									
	V. SAMPL		3. Mailing Address 9690 W.SAMPLE ROAD Suite, Apt. #, etc.			1 1,100,110,11,11,11,11,11,11,11,11,11,11,						
Suite, Apt. #, etc. Suite lou			Swite loy				01062006	Chg-P	CR2E0	34 (11/05)	-VI F	
COAR SPAINUS, FL		FL	City & State COAGL SPAINUS			4. FEI Numbe 65-0826			No	plied For t Applicable		
33065		Country USA	33065	33065 U			5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional d	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name												
INGENITO, SAMUEL						INGENITO, SAMUEL						
(°9690 W. SAMPLE ROAD SUITE 102						Street Address (FO, Box Number is Not Acceptable) 9690 W. SAMPLE (COAD)						
CORAL SPRINGS, FL 33065						SILITE 104						
						City Corac Springs FL Zips					65	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Yasmill Sugar 3/28/06												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.												
10.	Р	OFFICERS AND D	DIRECTORS Delete	11.		l	ADDITIONS/	CHANGES TO OFFI	ICER\$ AND	DIRECTORS Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	INGENITO 9690 W. S), SAMUEL C AMPLE ROAD STE. 10 PRINGS, FL 33065		NAM STRE		9690 Conn	W. SAMPLE	ROAD SUITE FL 33065	E 104	S only o		
TITLE			☐ Delete	TITLE			1	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E Et address -st-zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	CITY	E Et address -St-zip					☐ Change	☐ Addition	
12. I hereby of indicated	certify that the	intormation supplied with to supplied with t	this filing does not qualify for true and accurate and that r	or the exe ny signat	emptions c ture shall h	ontained ave the s	in Chapter 119, ame legal effect	⊢iorida Statutes. I as if made under d	nurther cert bath: that I a	ry that the ir m an officer	or director	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF CISHING OFFICER OR DIRECTOR

198/06 954-298-05 Daytime Phone #